



RESPONSES TO TOTAL COLIFORM OR *E. COLI* AT MUNICIPAL WATER SYSTEMS

Total Coliform MCL Violation

SYSTEMS **WITH**
CONTINUOUS
DISINFECTION
AND PROVIDING A
RESIDUAL IN THE
DISTRIBUTION
SYSTEM

Option 1 (Current practice)

Operator boosts chlorine level following a Department reviewed emergency chlorination plan **AND** issues a Tier 2 Public Notice within 30 days.

- ⇒ 0.5 mg/L throughout the entire distribution system in 4 hours.
- ⇒ It is recommended that a critical customer list is maintained and notified immediately.
- ⇒ If unable to meet this requirement, system must issue a boil water order and tier 1 public notice in place of emergency chlorination and tier 2 public notice.

May choose either
Option 1 or Option 2

Option 2 (Revised Total Coliform Rule (RTCR) Approach)

Operator conducts a RTCR Level 1 Assessment, issues a Tier 2 Public Notice within 30 days, corrects any identified sanitary defects, and submits a Level 1 Assessment Report to the Department within 30 days.

SYSTEMS **WITHOUT**
CONTINUOUS
DISINFECTION
OR **WITHOUT**
PROVIDING A
RESIDUAL IN THE
DISTRIBUTION
SYSTEM

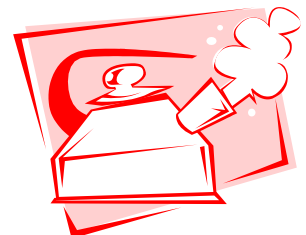
Must initiate Department reviewed emergency chlorination plan **AND** issue a Tier 2 Public Notice. May also choose to conduct a Level 1 assessment and correct any sanitary defects, in addition to emergency chlorination.

- ⇒ 0.5 mg/L throughout the entire distribution system in 4 hours.
- ⇒ It is recommended that a critical customer list is maintained and notified immediately.
- ⇒ If unable to meet this requirement, system must issue a boil water order and tier 1 public notice in place of emergency chlorination and tier 2 public notice.

E. coli MCL Violation

ALL MUNICIPAL
SYSTEMS

MUST BOIL WATER
Terms and extent to be determined by
Wisconsin DNR



Level 1 Self-Assessment Form – Municipal Water Systems

System Name:	PWSID #
Operator in Charge (OIC):	Phone:
City,	State:
County:	
Person that collected TC samples:	Phone:
Date Assessment Completed:	

NOTE: Form to be completed based on data and documents available to the PWS operator in charge, maintained on file, and returned to the DNR within 30 days.

Questions	Issue(s) found? (Y/N)	Issue Description	Corrective Action Taken (Including Date)
1. Source: a) Have there been any reported vandalism and / or unauthorized access to the source facilities prior to the Total Coliform positive (TC+) sample(s)? b) Are there any visible indicators of unsanitary conditions related to the source? c) Are there any changes in potential sources of contamination in proximity to the source? d) Have there been any new sources introduced? e) Any reported or visible cross connection issues? f) Are there any deficiencies visible in the source sanitary seal, vent screening, or air gapping? g) Was there any heavy precipitation, flooding, or rapid snowmelt prior to the reported TC+?			
2. Pump facilities/controls, discharge piping: a) Have there been any reported vandalism and / or unauthorized access to the pump or pumping facilities prior to the reported TC+? b) Are there any visible indicators of unsanitary conditions related to the pump or pumping facilities? c) Has there been any recent maintenance, repair, or replacement work done? d) Are there any deficiencies in the pump to waste line or use?			

Level 1 Self-Assessment Form – Municipal Water Systems

Questions	Issue(s) found? (Y/N)	Issue Description	Corrective Action Taken (Including Date)
3. Treatment a) Have there been any reported vandalism and / or unauthorized access to the treatment equipment or facilities prior to the reported TC+? b) Are there any visible indicators of unsanitary conditions related to the treatment equipment or facilities? c) Have there been any recent interruptions in treatment processes prior to the reported TC+. d) Has there been any recent maintenance, repair, or replacement work done? e) Have there been any changes to the operation or maintenance of the treatment processes?			
4. Storage: a) Have there been any reported vandalism and / or unauthorized access to the storage tanks or facilities prior to the reported TC+? b) Are there any visible indicators of unsanitary conditions related to the storage tanks or facilities? c) Are there any deficiencies with the following or any other storage apparatus? i. Screens ii. Access openings iii. Vents / Overflows			
5. Sample Site and Protocol a) Were the condition and the location of the tap sanitary? b) Has the sample site been in regular use? c) Was the sample tap adequately flushed, any aerators removed, and flamed? d) Were the sample bottles identified as sterile, and stored in such a way not to contaminate them?			

Level 1 Self-Assessment Form – Municipal Water Systems

Questions	Issue(s) found? (Y/N)	Issue Description	Corrective Action Taken (Including Date)
6. Distribution System: a) Were there any distribution system low pressure events before the reported TC+? b) Are there any known cross connection issues within the distribution system? c) Have there been any recent booster pump issues, repairs, or replacements? d) Have there been any recent main breaks, repairs or replacement work done? e) Have there been any recent reports of issues with any air relief valves?			
7. Operation and Maintenance: a) Have there been any operation and maintenance activities that could have introduced total coliform into the system? b) Were there any other water quality parameters measured when or after the sample reported TC+? c) Has there been any recent firefighting events, hydrant replacement, flushing, or blow offs? d) Have there been any customer complaints regarding pressure or water quality?			

Additional Comments:

Person Completing Form:

Date:

Signature:_____

Level 1 Self-Assessment Form – Municipal Water Systems

State Use Only:

- 1. Assessment was successfully completed.**
- 2. Date received:**
- 3. System has corrected any identified sanitary defects.**
- 4. System was granted or requested a reset.**
 - a) Rationale for reset.**
- 5. Assessment reviewed by:**